## CERTIFICATE OF DEATH

Reg. Dist. No. 35/

1. PLACE OF DEATH	n. Queen Anne	MADNY AND	2. USUAL RESIDENCE (H	COUN	O.A.
	orporate limits, write RURA	MARYLAND		te limite, write RURAL and	give nearest town)
OR give nearest	t town)	(in this place)	OR TOWN Kings	Town	X
HOSPITAL OR INSTITUTION OF	ngs Town	/	STREET ADDRESS	(If rural, give location)	
USTREET ADDRE			(7	14. DATE (Month)	(Day) (Year)
3. NAME OF DECEASED (Type or Print)	DOROTHY	(Middle) VICKERS ANTHON	(Last)	DEATH March	5 /5519
F.	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) ATT TEU,	May 22,1914	9. AGE last birthday If und 40 yrs. Mont	der. I year II under 24 hrs. hs. Days Hours Min.
done during most of w	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Home	Chestnut Hil	7 77 -	COUNTRY?
nouse 13. FATHER'S NAM	IE .	22.04.120	14. MOTHER'S MAIDEN	NAME	
-	son W. Vicke	rs Jr.	Rebecca B. 1	liason	
15 Was Decreased E	VER IN U.S. ARMED FORCES (If year, give war or dates of service)	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND		tertown, Md.
Antecedel Diseases or giving rise to stating the  II. OTHER SIGNIF	conditions, if any, (b)	Hadaping a	diece		ONSET AND DEATH
related to the diser	ese or condition causing deat	FINDINGS OF UPERATION			20. AUTOPSY?
198. DAIL OF OIL					Yes No No
21. ACCIDENT SUICIDE	(Specify) PLA OF INJI	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	'OWN) (COUN'	TY) (STATE)
HOMICIDE TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
	tify that I attended th	e deceased from 174	,00	19.5 5, that I las	st saw the deceased
alive on	MATION DATE MAN. 7. J		ADDRESS CREWATORY Metery 24. FUNERAL DIRECTO	Cocation (City, town, or of Chestertown,	Md.

MARGIN RESERVED FOR BINDING

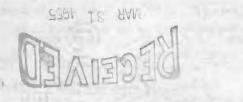
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BUREAU V. S.

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	maryland state department of health—baltimore, 18, 26 CERTIFICATE OF DEATH Reg. Dist.	3010 No. 213
clearly and legibly.	1. PLACE OF DEATH:  COUNTY  CITY (If offside corporate limits, write RURAL OR and Rive nearest town)  HOSPITAL OR INSTITUTION OR STREET ADDRESS  2. USUAL RESIDENCE HOME) OF DECEASED  COUNTY  STATE  COUNTY  CITY(If outside corporate limits, write PLRAL a OR TOWN  STREET ADDRESS  (If rural give location)	a.
causes of death	DECEASED: (Type or Print)  5. SEX: 6. COLOR OIL 7. SUNSEE MARRIED, WIDOWRD DIVORCED,	ays Hours Min.
ians: please write the	13. EATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  15. WAR DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or ank.) (If Yes, give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:  18. MEDICAL CERTIFICATION  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  14. MOTHER'S MAIDEN NAME:  14. MOTHER'S MAIDEN NAME:  15. INFORMANT & ADDRESS:  16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:  17. INFORMANT & ADDRESS:  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIF	INTERVAL BETWEN ONSET AND DEATH
important. Physicians	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
age is especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 1953, to 102.22, 1953, that I last	(State)
PLEASE TYPE Correct ag	alive on .3/22, 1955, and that death occurred at 936 M, from the causes and on the date ADDRESS  DATE OF THE PROPERTY OF CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR  MUSCH 24 JUNEAU DIRECTOR  MUSCH 24 JUNEAU DIRECTOR  REGISTRAR  MUSCH 24 JUNEAU DIRECTOR  MUSCH 25 JUNEAU DIRECTOR  MUS	7 SIGNED



BUREAU V. S.

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V.S.	

	MARYLAND STATE DEPARTMENT 6	
and legibly.	COUNTY CLEEN MARYLAND CITY (If ou side corporate limits, write RURAL OR and give near at 1 wm) (in this place)	STATE COUNTY GLEEN CANE CITY(If outside corporate limits write URAL and give nearest town) OR TOWN
niormac clearly a	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
of death	3. NAME OF DECEASED: (First) (Middle) (Last DECEASED: (Type or Print) LEMUEL KIR  5. SEX: 6. COLOR OR 7. SINGLE MARRIED. 8. DATE OF RACE: (Breedly) DIVORCED. 9.1.39	BIRTH: 9, AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  2 1872 83 yrs. Months Days Hours Min.
Supply every te the causes	work done during most of working life.) OR INDUSTRY:	BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  4. MOTHER'S MAIDEN NAME:
W.r.i	15. WAS DECESSED EVER IN U.S. ARMED FORCEST (Yes, no, br unk.) (If Yes, give war or dates of service)	otherine terrion " Chester Ind.
WITH UNFADING IN t. Physicians: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HOLDO IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO  (B)  (B)  OUT OF TO  (C)  (C)	March 15.1955  Agithtion + decomplisation 24las
AINLY, importan	IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
440	21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID (City or town) (County) (State)
13. E	OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
SE TYPE correct ag	22. I hereby certify that I attended the deceased from alive on March 14, 1955, and that death occurred at SIGNATURE  LIGHT SUBJECT SUBJECT NAME OF CEMETERY	M, from the causes and on the date stated above.  SADDRESS  OR CREMATORY   LOCATION (City, town, or county)   (State)
PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR March 19, 1955 Chyslette Worter	PA FUNERAL DIRECTOR Church Hell Md.

BUREAU V. S.

2361 SS 1955

BECEINED

(Year) 1955

Hours

12. CITIZEN OF WHAT

Reg. Dist. No. 223

## ATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7. Ine	MARYLAND STATE DEPARTMENT 3 28 CERTIFICATE	
non carefully and legibly.	1. PLACE OF DEATH:  COUNTY GLOW MARYLAND  CITY (If obside corporate limits, write RURAL OR and cite finalest town)  TOWN  MARYLAND  (in this place)	STATE STATE CITY(If outside corpo
nformat clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS
item of information of death clearly and	DECEASED: (Type or Print) ETTA S. L	ON G
every iter auses of	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	17-1882 11. BIRTHPLACE (State

e u	MARYLAND
LO RURAL	LENGTH OF STAY (in this place)

USUAL RESIDE	INCE (HOME) OF DECEASE	D:
STATE T	d, COUNTY Que	en ana
OR TOWN	terensville	and give nearest town
STREET ADDRESS	(If rural give location	) /

Months |

Days

1	J.	6. COLOR OR	MARRIED, DWED, DIVORCED,	a DATE
A.		during most of wor	OR INDUST	

maryland	COUNTRY?
14. MOTHER'S MAIDEN NAME:	win

4. DATE

9. AGE last birthday

DEATH:

(State or foreign country):

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s. ¥	VA:	a D	ECE	ASED	EVER	IN 1	U.S.	ARMED	FORCEST	
Ye	8,	no,	or	unk.		Yes, servi		e war	or dates	

IS. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

8 87 4	.4	The Control of the Co	
			7
			MMEDIATE CAUSE

13. FATHER'S NAME

(A) DUE TO

ONSET AND DEATH

ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

20. AUTOPSY1

19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

21c. WHERE DID (City or town) INJURY OCCUR?

21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year)

While Not while

SIGNATURE

(State)

OF INJURY

at work at work 21F. HOW DID INJURY OCCUR?

1930, to March 25, 1955, that I last saw the deceased

(County)

alive on March 25, 1955, and that death occurred at SIGNATURE P

22. I hereby certify that I attended the deceased from

M, from the causes and on the date stated above. DATE SIGNED

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DATE REC'D BY LOCAL

REGISTRAR

NAME

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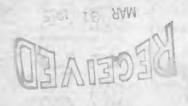
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BUREAU V. S.